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PTO/SB/05 (11-00)
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U.S. Pater

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 42390P9432 First Inventor Jarvis C. Tou

COMMUNICATION MODULE WITH RETRACTABLE ANTENAE AND

(Only for new nonprovisional applications under 37 CFR 1.53(b)) EXPRESS 1918	## Eaber No: 14EE 034438144US	@>				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231	i.				
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
2. Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies					
Specification [Total Pages 14.] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix						
 Background of the Invention Brief Summary of the Invention 	ACCOMPANYING APPLICATION PARTS					
Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure	9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R. § 3.73(b) Statement Power of Attorn (when there is an assignee) 11. English Translation Document (if applicable)	iey				
4.	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
a. Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. ☐ Preliminary Amendment 14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
6. Application Data Sheet. See 37 CFR 1.76	17. Other:					

Continuation	Divisional	Continuation-in-part (CIP)	of prior application No:	
Prior application Info	ormation: Examin	er	Group/Art Unit:	
r CONTINUATION OR D	IVISIONAL APPS ont	<u>y:</u> The entire disclosure of the prior ap	oplication, from which an oath or declaration is supplied under	٢
x 5b. is considered a pa	art of the disclosure	of the accompanying continuation or	divisional application and is hereby incorporated by reference	٠.

The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

18. CORRESPONDENCE ADDRESS



Customer Number of Bar Code Label

Correspondence address below

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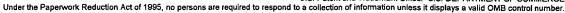
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1	Name (Print/Type)	Donna Jo Coningsby		Registration No. (Attorney/Agent)	41,684
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Burden Hour Statement: This form is estimated to take 0.2 houly to complete. Time will vary depending upon to greeds of the individual case. Any comments on the amount you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradenfart Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



12/22/00

Date



FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Signature

С	omplete if Known	
Application Number		
Filing Date	December 22, 2000	
First Named Inventor	Jarvis C. Tou	
Examiner Name		
Group/Art Unit		
Attorney Docket No.	42390P9432	

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated face and aredit any everywhere to:						3. ADDITIONAL FEE						
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Name (Print/Type) Donna Jo Coningsby						egistratio		\top	11,684	Telephone	(503) 684	
Donna 30 Connigsby						ttorney/Ag	ent)	ئــــــــــــــــــــــــــــــــــــــ	11,004	. c.op.ioiio	(303) 004	0200

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